IBBS
2009 Round IV

Integrated Biological & Behavioral Surveillance

Men Who have Sex with Men [MSM]

Kathmandu

Fact Sheet

Program Implications

- Comparatively more MSWs than non-MSWs are exposed to HIV/AIDS and STI prevention programs. Prevalence of STIs as well as HIV is however comparatively high among MSWs (31.9%) than non-MSWs (16.2%). This finding may have two interpretations. Firstly, MSWs who have greater risk of STIs are more likely to go for ongoing HIV services compared to non-MSWs who have relatively lower risk of STIs. Secondly, ongoing programs attract less non-MSWs compared to MSWs, so services targeted towards non-MSWs may need to be implemented differently.
- There are some MSM (27.8%) who had not sought treatment for the symptom of STIs experienced by them. More MSWs than non-MSWs tend to have access to organizations that provide free treatment service. This also clearly indicate the need for the promotion of non-MSW friendly STI clinics in the Kathmandu Valley.
- MSM, mostly those with feminine behavior and personality are subjected to discrimination as well as physical violence. Public awareness raising programs should be conducted to minimize such discriminations.
- A relatively smaller proportion of non-MSWs than MSWs have participated in different programs/services related to the MSM community and HIV/AIDS. As participation in such public programs may help to empower the MSM community and minimize stigma and discrimination against them, activities to promote such participation should be enhanced.

Program Implications

- Seventeen percent of MSM were not aware of a confidential HIV testing facility being available in the valley. At the same time, 37.2 percent of the respondents had never tested themselves for HIV so far. Outreach and awareness programs targeted to MSMs should focus on advocating and motivating them to use of VCT services available in the community.

Recommendations

- Comprehensive program catering to MSM and their sexual networks (that consist of female partners too), should be designed. Advocacy, behavioral change programs and health promotion intervention should be further scaled up.
- Client-friendly HIV counseling and testing facilities should be expanded further to cover more of the MSM population.
- Outreach education programs should be continued and sustained to maintain the current high coverage of MSM.
- Necessary information related to sexuality and to the rights of sexual minorities should be provided at a larger scale. Emphasis should be put on the availability of health services to MSMs who are subjected to sexual violence.

The IBBS Surveys are part of the National HIV Surveillance Plan, led by National Center for AIDS and STD Control (NCASC) and conducted by New Era and SACTS, with technical assistance from Family Health International (FHI) Nepal and financial support from United States Agency for International Development (USAID), Cooperative Agreement 367-A-00-06-00067-00"

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ASHA
Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS

Brief Description of the Study

This is the third round of Integrated Biological and Behavioral Surveillance (IBBS) Survey conducted among men who have sex with men (MSM) in the Kathmandu Valley. The study, funded by United States Agency for International Development (USAID) Nepal, was conducted under the National Surveillance Plan for HIV and AIDS of National Center for AIDS and STD Control (NCASC) by New ERA, STD/AIDS Counseling and Traning Serveices (SACTS) and National Reference Laboratory (NRL) with technical support from Family Health International (FHI)/Nepal through the USAID funded ASHA Project for generating strategic information needed for monitoring the HIV epidemic and program in Nepal.

The survey was conducted primarily to determine the prevalence of HIV and Sexually Transmitted Infection (STIs) among MSM in the Kathmandu Valley and to assess their HIV and STI-related risk behaviors, including their sexual behaviors. The survey also aimed to measure their exposure to the intervention program targeted at MSM in Kathmandu valley.

Methods

A total of 400 MSM including 135 Male Sex Workers (MSWs) and 265 non-MSWs were recruited in the sample. Those males of 16 years or above who have had sexual relations (either oral or anal) with another male in the 12 months preceding the survey were included in the study. In this round of IBBS, although the sample was drawn using Respondent Driven Sampling (RDS) method, data analysis is not done using the RDSAT software. The data on the network size reported in the survey, which is one of the key data needed for adjusting the sample proportions, was analyzed and substantial differences in reported network size in two reportings was observed. In this perspective the sampling methodology used in the survey may be considered as "convenient sample obtained using RDS methodology".

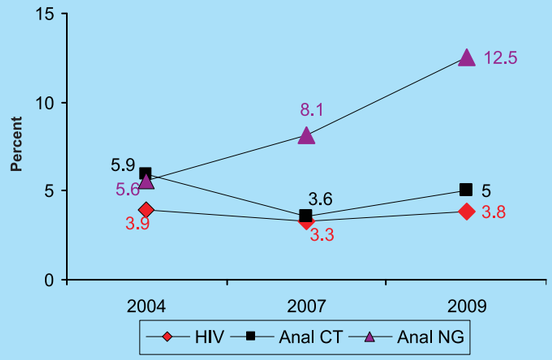
Structured questionnaire was used to collect behavioral data relating to background information and sexual behavior among the respondents. HIV and syphilis were tested from blood samples and *Chlamydia traachomatis (CT) and Neisseria gonorrhoea (NG)* was tested from urine as well as anal swab samples. The study was conducted in compliance with both ethical and human rights standards and ethical approvals were obtained from Nepal Health Research Council (NHRC) and the Protection of Human Subject Committee (PHSC), FHI's ethical review board.

Key Findings

HIV and STI prevalence is relatively high among MSWs compared to non-MSWs:
In the sample of 400 MSM, 3.8 percent were infected with HIV, 1.5 percent had active syphilis, five percent had anal CT. Prevalence of anal NG was found among 12.5 percent of MSM. Prevalence of HIV was high among MSWs (5.2%) than non-MSWs (3%). Likewise, overall prevalence of at least one STI is significantly higher among MSWs (31.9%) than non-MSWs (16.2%). Despite higher percentage of MSWs reporting consistent use of condoms and lubricants, STI is high among MSWs. This might be suggesting increased number of sexual partner among MSWs.

HIV, CT and NG prevalence remain high among MSM:
HIV prevalence has remained above three percent since 2004. Prevalence of anal CT has remained around five percent in first and third rounds of IBBS conducted in Kathmandu valley. However, there is a steady increase in the anal NG among MSM in the three rounds of IBBS **[Fig. 1]**

Fig. 1: HIV and STI prevalence trend among MSM in Kathmandu



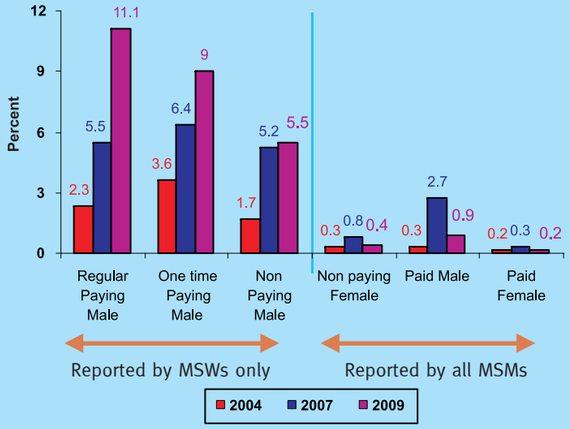
Most of the MSM in Kathmandu valley are migrants from other parts of Nepal and many of them are quite young:
Large percentage (76%) of MSM in the Kathmandu Valley were migrants from other districts. More than one-half of MSM, representing both MSWs (51.1%) and non-MSWs (58.5%), in the present sample were young (less than 25 years). The percentage of the adolescents (less than 20 years) comprised 12.5 percent of the respondents.

Key Findings

More MSWs have their sexual debut at a younger age and with a male partner than MSWs:
Eight in ten MSWs (82.2%) and about half (50.6%) non-MSWs have had first sex at the age of less than 17 years. While 89.6 percent MSWs' first sex partner was a man, 43.8 percent non-MSWs reported that they had their first sexual encounter with a man.

MSWs as well as non-MSWs had on an average more than five non-paying male sex partners in the past month:
MSWs had sexual contact with an average of 5.6 non-paying male sex partners while non-MSWs had an average of 5.4 such partners in the past month. Average numbers of regular and one time paying male sex partners of MSWs have increased since the second round **[Fig. 2]**

Fig. 2: Average number of sex partners in the last month reported by MSWs and MSMs, Kathmandu



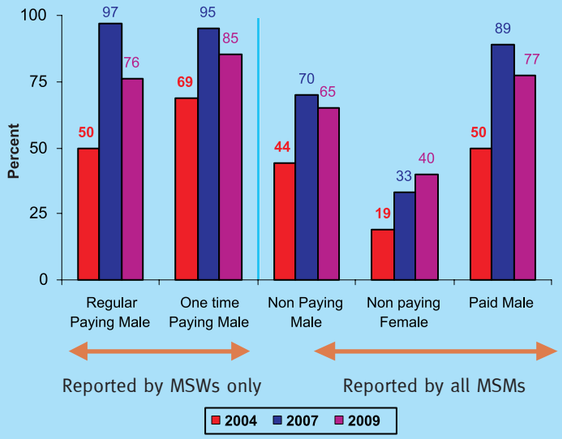
More MSWs than non-MSWs have easy access to free condom:
Ninety one percent of MSWs had obtained their last condom free of cost while 69.2 percent of non-MSWs had been able to obtain their condoms for free.

Awareness of special lubricant is comparatively low among non-MSWs than MSWs:
A very high percentage of MSWs (96.3%) had heard of lubricant that is specially used with condom, as compared to non-MSWs (76.2%). Among them who had heard of lubricants 69.2 percent MSWs and 43.1 percent non-MSWs had consistently used lubricant with condom in anal sexual relations in the month preceding the survey.

Key Findings

Consistent use of condom is low with non-paying partners:
Consistent condom use was highest with paid male sex partners (100%) among MSWs and with paid female sex partners (85.2%) among non-MSWs in the past month. However, only 50 percent MSWs and 37.1 percent non-MSWs had used condom consistently with non-paying female sex partners while 65.4 percent of MSWs and 65.1 percent of non-MSWs had used condom consistently with non-paying male sex partners in the past month. Partner wise, consistent condom use trend among MSM with non-paying male partners, with paid male partners, and non-paying female sex partners have significantly improved since the first round **[Fig. 3]**

Fig. 3: Consistent condom use by types of sex partner reported by MSWs and MSMs, Kathmandu

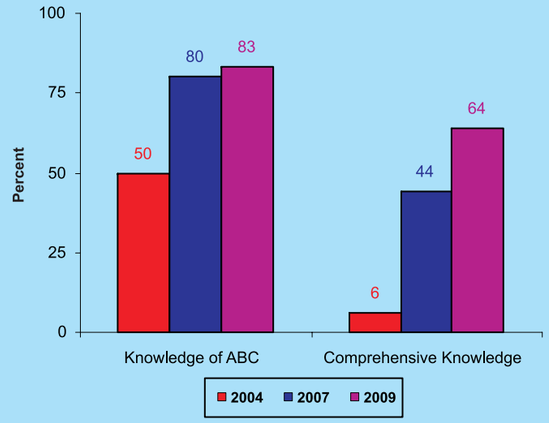


More MSWs than non-MSWs are reached by HIV awareness program in the past year:
Overall, 94.1 percent of MSWs and 69.8 percent non-MSWs had interacted with an outreach educator in the month preceding the survey. Similarly more MSWs than non-MSWs had visited Drop-in-Center (DIC) (78.5% MSWs and 42.3% non-MSWs), STI Clinic (44.4% MSWs and 14.7% non-MSWs), VCT centers (68.1% MSWs and 31.3% non-MSWs) and had participated in HIV awareness program (74% MSWs and 34% non-MSWs).

Key Findings

Comprehensive knowledge is comparatively lower among non-MSWs than MSWs:
While 83.3 percent of MSM (84.4% MSWs and 82.7% non-MSWs) were aware of all three 'ABC' relating to modes of HIV transmission, i.e. (A: abstinence from sex, B: being faithful to one sex partner, and C: consistent and correct condom use), 64.3 percent of them (80.7% MSWs and 55.8% non-MSWs) knew about all of ABCDEF (D: a healthy looking person may have HIV, E: a person cannot get HIV from mosquito bite and F: HIV cannot be transmitted while sharing a meal with an infected person). The comprehensive knowledge among MSM has considerably improved since 2004 **[Fig. 4]**

Fig. 4: Average number of sex partners in the last month reported by MSWs and MSMs, Kathmandu



Program Implications

- A considerable proportion of MSM have their first sexual encounter at quite a young age (82.2% MSWs and 50.6% non-MSWs were less than 17 at time of their first sexual contact). This indicates that young boys who are in this sexual behavior should be reached by HIV and STI programs and education on safe sex should be provided.
- Although a majority of MSM (94.8%) can access condom whenever necessary, they are engaged in unsafe sexual contacts. Consistent use of condom is low especially with non-paying female sex partners and non-paying male partners. Risk perception of not using condoms consistently among MSM should be raised by on going programs.

Key Indicators

Indicators	Value in Percent (%)		
	MSW	Non-MSW	Total
MSM that are HIV infected	5.2	3.0	3.8
HIV among MSM of age less than 25 years	1.4	1.3	1.3
Currently married MSM	22.2	26.4	25
Used condom at last anal sex	76.3	74.7	75.3
Had unprotected sex with MSWs in past month	NA	26.2	23.0
Had unprotected sex with non-paying male in past month	34.6	34.9	34.8
Had unprotected sex with regular paying male in past month	24.2	NA	NA
Had unprotected sex with one time paying male partner	14.9	NA	NA
Consistently used condom with clients over the past 12 months	49.6	NA	NA
Had purchased last condom	9.0	30.8	23.4
Had STI symptom in the past year	25.9	20.8	22.5
Correctly identified ways of preventing the sexual transmission of HIV and also rejected major misconceptions about HIV transmission	80.7	55.8	64.3
Knew HIV is transmitted through blood transfusion	99.3	99.3	99.3
Knew a person living with HIV or died due to AIDS related illness	70.4	51.3	57.8
Percentage of MSM reached with targeted HIV prevention (eg. BCC with OE/PE or DIC or STI Clinics or VCT or community events / trainings or drug treatment or rehabilitation)	95.6	80.8	85.8
Percentage of MSM reached with HIV prevention program (Knew where to receive HIV test result and received condom)	93.3	69.1	77.3
Tested positive for anal Chlamydia	11.1	1.9	5.0
Tested positive for anal Gonorrhea	18.5	9.4	12.5
Tested positive for at least one STI	31.9	16.2	21.5

IBBS 2009, Round IV, Men Who have Sex with Men (MSM), Kathmandu